



# Center for Health Information and Analysis

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# Massachusetts All-Payer Claims Database: Technical Assistance Group (TAG) meeting with Health Care Payers


December 6, 2012

# Administrative Bulletin



Center for Health  
Information and Analysis

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## All Payer Claims Database (APCD)

### All Payer Claims Database (APCD) Administrative Bulletin

The Center for Health Information and Analysis ("Center") adopted [Administrative Bulletin 12-01](#) for the All-Payer Claims Database. This bulletin notifies health care payers of changes to the APCD file submission guidelines. In addition to the bulletin, [a separate spreadsheet](#) is included which further explains the changes.

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### All-Payer Claims Database Overview

[APCD Overview \(PDF\)](#) | [Word](#) | [Excel](#)

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### APCD Events

CHIA hosts regular meetings to provide APCD updates as well as receive input from interested parties.

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### APCD Data Application and Related Information

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#### News & Updates

- [APCD Workgroup Meeting-October 23](#)
- [APCD Fee Schedule](#)
- [DHCFP Application for CMS Data](#)
- [September 2012 APCD Applications](#)
- [Register for the Sept 25th APCD Workgroup](#)
- [See All](#)

# Submission Guides



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## User Resources

[User Submission Guides](#)

[APCD FAQ](#)

[User Guide for QA Profile Reports](#)

[DHCFP Application for CMS Data](#)

[Related Resources](#)

[APCD Regulations](#)

[Self-Insured Data Submissions](#)

[Public Hearing Information and Comments \(2010\)](#)

## All-Payer Claims Database User Submission Guides

User Submission Guides	Format	Edits
The following files pertain to <a href="#">Administrative Bulletin 12-01</a> for data reporting submissions effective May 1, 2013		
Member Eligibility File Submission Guide (Updated December 2012)	<a href="#">PDF</a> 1MB / <a href="#">Word</a>	
Product File Submission Guide (Updated December 2012)	<a href="#">PDF</a> / <a href="#">Word</a>	
Provider File Submission Guide (Updated December 2012)	<a href="#">PDF</a> / <a href="#">Word</a>	
The following files pertain to data reporting submissions through April 2013		
Medical Claims File Submission Guide	<a href="#">PDF</a> / <a href="#">Word</a> 1MB	<a href="#">Zip File</a> 1MB
Pharmacy Claims File Submission Guide	<a href="#">PDF</a> / <a href="#">Word</a> 1MB	<a href="#">Zip File</a>
Dental Claims File Submission Guide	<a href="#">PDF</a> / <a href="#">Word</a>	<a href="#">Zip File</a> 1MB
Member Eligibility File Submission Guide	<a href="#">PDF</a> / <a href="#">Word</a> 1MB	<a href="#">Zip File</a>
Product File Submission Guide	<a href="#">PDF</a> / <a href="#">Word</a> 3MB	<a href="#">Zip File</a>
Provider File Submission Guide	<a href="#">PDF</a> / <a href="#">Word</a>	<a href="#">Zip File</a>



# APCD-TME Data Submission

- **Administrative Bulletin 11-08-12**
  - Added fields for TME data collection in the Member Eligibility (ME) and Provider (PV) files only
  - APCD needs to be submitted as usual on a monthly basis with these new fields populated effective May 1, 2013
    - The APCD data collection of TME fields is SEPARATE from the TME files due to the Center on April 1<sup>st</sup>



## Affected Payers

- Only payers that submit TME data need to populate the TME fields added to the APCD specs.

Payer	TME Payer OrgId	Payer	TME Payer OrgId
Aetna	290	Health New England	301
BCBS	291	NHP	3735
BMC HealthNet	11226	Network Health	11227
CeltiCare	11228	Tufts	308
CIGNA	295	UniCare	310
Fallon	8026	United	312, 10926
Harvard Pilgrim	300	MassHealth	3156



# TME - APCD Fields

- Member Eligibility File (ME)

ME124	HSA* Tool Name	ME128	HSA Score - Normalized
ME125	HSA Tool Version	ME129	HSA Score Start Date
ME126	HSA Tool Date	ME130	HSA Score End Date
ME127	HSA Score	ME131	Payment Arrangement

\*H.S.A. = Health Status Adjustment

- Provider File (PV)

PV031	(TME) Provider OrgId	PV067	TME-NC: Care Management
PV032	Payment Arrangement	PV068	TME-NC: Other
PV065	TME-NC*: Incentive Programs	PV069	TME-NC: Total
PV066	TME-NC: Risk Settlements	PV070	TME-NC: Paid (through) Date

\*TME-NC = Total Medical Expenses Non-Claims



## PV031 Details

- PV031 = Provider Organization ID
  - Payers should report the OrgId for the Local Practice Group (LPG) to which the Non-Claims Payments pertain.
  - The LPG OrgId may be either a CHIA OrgId or the Payer's Internal Provider Number.
  - Payers should use the LPG OrgId they use in the TME legacy file.





## PV032 and ME131 Details

- PV032, ME131 = Payment Arrangement Type
  - For these two fields, CHIA will map for TME payment methods

APCD Value	APCD Definition	TME Value	TME Mapping
01	Capitation	01	Limited Budget
02	Fee for Service	02	Fee for Service
03	Percent of Charges	02	Fee for Service
04	DRG	02	Fee for Service
05	Pay for Performance	02	Fee for Service
06	Global Payment	06	Global Payment
07	Other	07	Other: Non-FFS based
08	Bundled Payment	08	Bundled Payment



# Payment Arrangement Definitions

- **Global Payments/Budget (06 – Global Payment)**
  - Payment arrangements where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Contract must include at a minimum: physician services and inpatient and outpatient hospital services.
- **Limited Budget (01 – Capitation)**
  - Provider arrangements where budgets for health care spending are set either prospectively or retrospectively for a non-comprehensive set of services to be delivered by a single provider organization (such as capitated primary care and oncology services).
- **Bundled Payments (08 – Bundled Payment)**
  - Fixed dollar payments for the care that patients may receive in a given episode of care delivered by multiple provider types.
- **Other, non-FFS based (07 – Other)**
  - All other payment arrangements.
- **Fee for Service (02-Fee for Service, 03–Percent of Charges, 04–DRG, 05-Pay for Performance)**
  - Includes: DRGs, per-diem payments, fixed procedure code-based fee schedule (e.g. Medicare's APCs), and discounted charges-based payments



## Timing

- TME related fields in ME and PV files should be submitted monthly.
- When the first submission of the TME related fields in May 2013, all the fields should include data from Jan 1, 2013 to April 30, 2013 (i.e. the information should be cumulative).
- If the non-claims or health status adjustment score/tool data is not available (input 'None') at the time of submission, then report the information when it becomes available and indicate the paid through date (PV070) and/or the start and end dates (ME 129 and 130).



## Payment Arrangement - PV file

- For the PV file, if a provider has multiple payment arrangements, then submit multiple PV lines for each provider and payment arrangement combination.
- For example, Provider A has a global payment contract for some of its patients and receives FFS for the rest, then the payer should submit two PV lines (one for all data related to each payment arrangement) for that provider.



## Payment Arrangement – ME file

- For the ME file, the payment arrangement field is based on the member assigned/associated with a provider that is under one of the payment arrangements with the payer.
- Similar to the PV file, if a member is associated with more than one payment arrangement under his/her providers (e.g. bundled payment and FFS), then submit multiple ME lines for each member and payment arrangement combination.



# Non-Claims Payments

- Non-Claims: Incentive Programs

All payments made to providers for achievement in specific pre-defined goals for quality, cost reduction, or infrastructure development. Examples include, but are not limited to, pay-for-performance payments, performance bonuses, and EMR/HIT adoption incentive payments.

- Non-Claims: Risk Settlements

All payments made to providers as a reconciliation of payments made (risk settlements) and payments made not on the basis of claims (capitated amount). Amounts reported as Capitation and Risk Settlement should not include any incentive or performance bonuses.



## Non-Claims Payments – con't

- Non-Claims: Care Management

All payments made to providers for providing care management, utilization review, discharge planning, and other care management programs (e.g. medical homes).

- Non-Claims: Other

All other payments made pursuant to the payer's contract with a provider that were not made on the basis of a claim for medical services and that cannot be properly classified elsewhere. This may include governmental payer shortfall payments, grants, or other surplus payments. Only payments made to providers are to be reported. Payments to government entities, such as the Health Safety Net Surcharge, may not be included in any category.



# Health Status Adjustment Tool & Score

- ME127: HSA Score

The number can be static if the member's health status adjustment score does not change monthly.

- ME129: HSA Score Start Date

Normally it should be January 1<sup>st</sup> of each calendar year. If the member joins in the middle of the year, then the HSA Score Start Date should be the date that the member joins the plan.

- ME130: HSA Score End Date

Normally it should be December 31<sup>st</sup> of each calendar year. If the member leaves in the middle of the year, then the HSA Score End Date should be the date that the member leaves the plan.





# Questions

# Meetings



Center for Health  
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- 12/11 2:00-4:00 – Product/Eligibility/Provider Submissions (PR/ME/PV) – Part 1  
<https://www3.gotomeeting.com/register/821479910>
- 12/12 9:30-11:30 – Product/Eligibility/Provider Submissions (PR/ME/PV) – Part 2  
<https://www3.gotomeeting.com/register/160731038>
- 12/17 10:00-12:00 – Dental/Pharmacy/Medical Claims (DC/PC/MC) – Part 1  
<https://www3.gotomeeting.com/register/145521278>
- 12/18 1:00 – 3:00 – Dental/Pharmacy/Medical Claims (DC/PC/MC) – Part 2  
<https://www3.gotomeeting.com/register/927828566>
- In addition to the above we will schedule a webinar to specifically discuss the new Risk Assessment for the Connector and Division of Insurance data elements.
- To help us to assist you with any questions you may have, we request that, if possible, you send your questions to your liaison or the APCD dropbox [dhcfp.apcd@state.ma.us].

# Questions



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- Questions emailed to APCD Liaisons
- Questions emailed to DHCFP  
([dhcfp.apcd@state.ma.us](mailto:dhcfp.apcd@state.ma.us))
- Questions on the Data Release and  
Application emailed to DHCFP  
([apcd.data@state.ma.us](mailto:apcd.data@state.ma.us))